

**Application For Motor Vehicle Property Tax Exemption Or Exemption Benefit For Connecticut Residents
On Active Military Duty Who Are Stationed Outside The State Of Connecticut On The Assessment Date**

This form must be completed and returned to the assessor of the town in which the vehicle described below is subject to taxation, not later than the thirty-first day of December next following the date the property tax is due. The assessor may require you to submit information verifying a motor vehicle lease. Failure to file by the deadline constitutes a waiver of the right to claim the property tax exemption or refund under §12-81(53).

Military Information

1. On October 1, _____, (hereinafter the assessment date) I was an active duty member of the United States Armed Forces.

2. I have been an active duty Armed Forces service member since _____
(Mo/Date/Yr)

3. As a result of my official military orders, I was not in Connecticut on the assessment date. Yes ☐ No ☐

4. On that date, I was attached to the following duty station, where my vehicle was garaged: _____

5. Permanent address on assessment date: _____

Number & Street

City or Town

State & Zip Code

Vehicle Information

6. Vehicle Registration (Plate) Number: _____ Make, Model and Year: _____

7. On the assessment date, this vehicle was Owned ☐ Leased ☐ by me. (For leased vehicle, complete 8, 9 and 10.)

8. Leased From: _____ To: _____ Lessor: _____
(Mo/Date/Yr) (Mo/Date/Yr) (Name of vehicle owner as it appears on lease)

9. Lessor Address: _____
Number & Street or PO Box City or Town State & Zip Code

10. Refund should be sent to me at: _____
Number & Street or PO Box City or Town State & Zip Code

Attestation Statement

I hereby claim a motor vehicle property tax exemption or tax refund for a leased vehicle, pursuant to CGS §12-81(53). All information herein provided is true and accurate to the best of my knowledge and belief.

Signature of Active Duty Service Member

Date Signed

Signature of Commanding Officer

For Municipal Use Only

Regular Grand List ☐ Supplemental Grand List ☐ Vehicle Assessment: \$ _____

Exemption for vehicle owned by active duty service member Approved ☐ Denied ☐

Reason for denial: _____

Signature of Assessor

Date Signed

Vehicle leased by active duty service member - Assessor's calculation of refund amount(s)

Town ☐ Lesser Taxing District ☐ _____
District Name

Assessment X Town Mill Rate: \$ _____ Assessment X District Mill Rate: \$ _____
Town Refund Amount District Refund Amount

Refund Approved ☐ Denied ☐ Reason for denial: _____

Signature of Assessor and Date Signed
Certification of refund amount(s)

Signature of Tax Collector/District Clerk and Date Signed
Certification that vehicle tax has been paid

Application For A Refund Of The Tax Paid On A Motor Vehicle Leased By A Veteran Or A Veteran's Survivor(s) Eligible For Property Tax Exemptions Under CGS §12-81(19), (20), (21), (22), (23), (24), (25) or (26)

This form must be completed and returned to the assessor of the town that taxed the vehicle described below, not later than the thirty-first day of December next following the assessment year during which such tax was paid. The assessor may require you to submit motor vehicle lease verification information. Failure to file by the deadline constitutes a waiver of the right to claim a refund under §12-93a(b). Only the town that received the tax payment on the vehicle can issue a refund. If you are not a resident of that town, you must file this application with the assessor of the town that taxed the vehicle, and you must have filed a nonresident affidavit with the assessor of that town under the provisions of §12-94.

Claimant Information

1. Claimant's name: _____ 2. Name of claimant's spouse: _____
3. Claimant's address: _____
Number & Street City or Town State & Zip Code
4. This claim is submitted for the assessment date of October 1, _____.
5. Vehicle Registration Number: _____ Make, Model and Year: _____
6. Leased From: _____ To: _____ Lessor: _____
(Mo/Date/Yr) (Mo/Date/Yr) (Name of vehicle owner as it appears on lease)
7. Lessor Address: _____
Number & Street or PO Box City or Town State & Zip Code
8. Leased to: _____ 8. Relationship to claimant _____
(Self, Spouse, and etc.)
9. If lessee is spouse of claimant, do spouse and claimant reside together? Yes ☐ No ☐
10. Has there been a change to vehicle since assessment date? Yes ☐ No ☐ If Yes, explain.

Attestation Statement

I hereby do hereby apply for a refund of the tax paid for the leased motor vehicle described above, pursuant to §12-93(b) and based upon my eligibility for an exemption under §12-81(19), (20), (21), (22), (23), (24), (25) or (26) as of the assessment date. All information herein provided is true and accurate to the best of my knowledge and belief.

Signature of Claimant

Date _____

For Municipal Use Only - Certification Of Tax Refund For A Leased Vehicle

Regular Grand List <input type="checkbox"/>	Supplemental Grand List <input type="checkbox"/>	Vehicle Assessment: \$ _____	
Town <input type="checkbox"/>		Lesser Taxing District <input type="checkbox"/>	
		_____	District Name
Exemption Balance: \$ _____	X Town Mill Rate = Available Benefit: \$ _____	X District Mill Rate = Available Benefit: \$ _____	
Amount of Town Tax: \$ _____	Assessment X Town Mill Rate	Amount of District Tax \$ _____	Assessment X District Mill Rate
Town Refund Amount: \$ _____		District Refund Amount: \$ _____	

Refund Amount: Enter available benefit, if less than amount of tax. Otherwise enter amount of tax.

Refund Approved ☐ Denied ☐ Reason for denial:

Signature of Assessor and Date Signed
Certification of refund amount(s)

Signature of Tax Collector/District Clerk and Date Signed
Certification that vehicle tax has been paid